July 11, 2014

Greenpoint Aerospace, Inc. ATTN: Mark Haggard 5007 Airport Rd. Denton, TX 76207-4505

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

TXR000081822

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality Permitting and Registration Support Division Registration and Reporting Section, MC129 P.O. Box 13087 Austin, TX 78711-3087 512-239-6413

Sincerely,

Sontina S. Powell Environmental Protection Specialist EPA, Region 6 Multimedia Planning and Permitting Division

7/2/14/20

OMB# 2050-0024; Expires 12/31/2014

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM					
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of the Hazardous Waste Report (If marked, see sub-bullet below)					
	☐ Site was a TSD facility at	nd/or generato	r of >1 000 kg of hazardous	waste, >1 kg of acute hazardous waste, on the report year (or State equivalent)		
2. Site EPA ID Number	EPA ID Number 11X1 A Q Q Q 0 8 1 1 8 2 2					
3. Site Name	Name: Greenpoint Aerospace, Inc.					
4. Site Location Information	Street Address: 5007 Airport Road					
	City, Town, or Village: Denton			County: Denton		
- 60 1 1-	State: TX	Country:		Zip Code: 76207 - 4505		
5. Site Land Type	Thosa Municipal I State Other					
6. NAICS Code(s) for the Site (at least 5-digit codes)	C.					
7. Site Mailing	Street or P.O. Box: 5035 Warbird Drive					
Address						
	City, Town, or Village: Denton State: TX					
Site Contact		Country:		Zip Code: 76207		
Percen	First Name: Mark	MI:	Last: Haggard			
	Title: VP of Operations					
	Street or P.O. Box: 5035 Warbird Drive					
	City, Town or Village: Denton	1				
	State: TX	Country:		Zip Code: 76207		
	Email: mhaggard@greenpointaero.	com				
	Phone: 940-323-8700		xt.:	Fax: 940-591-9767		
of the Site	A. Name of Site's Legal Owner: Greenpoint Aerospace, Inc.			Date Became Owner: Nov, 2013		
	Owner Type: Private County District Federal Tribal Municipal State Other					
	Street or P.O. Box: 5035 Warbird Drive					
	City, Town, or Village: Denton			Phone: 940-591-9767		
	State: TX Country:			Zip Code: 76207		
	B. Name of Site's Operator: Greenpoint Aerospace, Inc.			Date Became Operator: Nov 2013		
	Operator Type: Private County	District	Federal Tribal	Municipal State Other		

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 12/2011)

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EPA ID Nui	mber				OMB#: 2050-0024; Expires 12/31/2014
10. Type of Mark "\	Regulated Wast (es" or "No" for a	e Activity (at your site) all <u>current</u> activities (as o	f the date submitting th	ne form); con	nplete any additional boxes as instructed.
The state of the s		ies; Complete all parts 1-			
YNY	1. Generator of If "Yes", m	of Hazardous Waste ark only one of the follow	ing – a, b, or c.	YNV	5. Transporter of Hazardous Waste If "Yes", mark all that apply.
	a. LQG:	Generates, in any calend (2,200 lbs./mo.) or more Generates, in any calend accumulates at any time, lbs./mo) of acute hazardo Generates, in any calend accumulates at any time, (220 lbs./mo) of acute hazardo material.	of hazardous waste; or ar month, or more than 1 kg/mo (2.2 bus waste; or ar month, or more than 100 kg/mo	Y NV	a. Transporter b. Transfer Facility (at your site)
	b. SQG:	100 to 1,000 kg/mo (220 acute hazardous waste.	– 2,200 lbs./mo) of non-	YNV	7. Recycler of Hazardous Waste
If "Yes'	c. CESQG:			YNV	8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption
YONV	2. Short-Term G event and not	enerator (generate from a from on-going processes). the Comments section.	short-term or one-time		b. Smelting, Melting, and Refining Furnace Exemption
Y NZ		s Importer of Hazardous V (hazardous and radioacti		Y NV Y NV	Underground Injection Control Receives Hazardous Waste from Offsite
B. Universa	I Waste Activities	s; Complete all parts 1-2.		C. Used Oi	il Activities; Complete all parts 1-4.
YVN	accumula regulation types of u	antity Handler of Univers ate 5,000 kg or more) [refe as to determine what is re universal waste managed hat apply.	er to your State		1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)
	a. Batterie	es	П	YENE	2. Used Oil Processor and/or Re-refiner
	b. Pesticio	des	a species of		If "Yes", mark all that apply.
	c. Mercur	y containing equipment	7000	utus Patin	a. Processor
	d. Lamps				b. Re-refiner
	e. Other (s	specify) Paint		ere/merseci	Anna Anna Anna Anna Anna Anna Anna Anna
	f. Other (s	specify)	H	Y NV:	3. Off-Specification Used Oil Burner
	g. Other (s	specify)		YNV	4. Used Oil Fuel Marketer If "Yes", mark all that apply.
Y NV	2. Destination Note: A harmonic Activity.	on Facility for Universal Wazardous waste permit may	faste be required for this	edited and	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number			OMB#:	2050-0024: Exp	oires 12/31/2014
D. Eligible Academic wastes pursuant to	Entities with Laboratories 40 CFR Part 262 Subpart	-Notification for opting	into or withdrawing from	m managing labo	ratory hazardous
	Y Opt into Subpart K if:			•	,
 you are at lagreement a college or 	east one of the following: a with a college or university; university; AND	college or university; a te or a non-profit research i	aching hospital that is own	ned by or has a for r has a formal affili	mal affiliation ation agreement wit
	necked with your State to de				
1 I I I I I Opting in	TO Of Currently operating up	dor 40 OFF B. Long a .	erroritan an arangan octobre		stes in laborated
	item-by-item instructions ge or University	for definitions of types	of eligible academic enti	ties. Mark all tha	t apply:
The second secon	hing Hospital that is owned	by or has a formal written	affiliation agreement with	a college or unive	
c. Non-p	profit Institute that is owned	by or has a formal written	affiliation agreement with	a college or unive	rsity
	ing from 40 CFR Part 262		ment of hazardous wastes	in laboratories	
			*		
your site. List them in	derally Regulated Hazardon the order they are present	ous Wastes. Please list the ed in the regulations (e.g.	ne waste codes of the Fed , D001, D003, F007, U112	leral hazardous wa	istes handled at
D001				,	
D007					
D035					
F002					
	-2.17 12 12 12 12 12 12 12 12 12 12 12 12 12				
The second second					
Waste Codes for State	e-Regulated (i.e., non-Fed dled at your site. List them	eral) Hazardous Wastes	Please list the waste coo	des of the State Pr	equipte d
spaces are needed.	dled at your site. List them	in the order they are pres	ented in the regulations. I	Use an additional p	page if more
			·		
	A COLUMN TO THE STATE OF				
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2. Notification of Hazardous Secondary		OMB#: 2050-0024; Expires 12/31/2014
Y New Are you notifying under 40 CFF secondary material under 40 C	R 260.42 that you will begin managing, are man: FR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), o	aging, or will stop managing hazardous r (25)?
If "Yes", you <u>must</u> fill out the Ac Material,	dendum to the Site Identification Form: Notifica	tion for Managing Hazardous Secondary
3. Comments	n iki wasan basin bila ne Peta Desember	prince swell is a submission of Talla for
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content of the conten		
VIEW TO THE REST OF THE PERSON		an business may
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on my inquiry of the person or persons who information submitted is, to the best of my penalties for submitting false information, in	that this document and all attachments were pure that qualified personnel properly gather and a manage the system, or those persons directly knowledge and belief, true, accurate, and completely in the possibility of fines and imprisonment, all owner(s) and operator(s) must sign (see 46).	evaluate the information submitted. Based responsible for gathering the information, the lete. I am aware that there are significant
gnature of legal owner, operator, or an Ithorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
mal	Mark Haggard, VP of Operations	m 6/9/2014